



Community Redevelopment Fund



Request for Reimbursement of Project Costs

Send Completed Form to: Office of Management and Budget
Financial Operations/Stacey Stevens
122 William Penn Street
Haslet Armory, 1st Floor
Dover, DE 19901

Organization Name: _____

Organization Mailing Address: _____

Contact Name and Phone Number: _____

Total of **Attached** Invoices: \$ _____

Amount of Request: **(40% Reimbursement):** \$ _____

Vendor(s) Utilized: _____

Work Completed To Date: _____

Status of Project: _____

For Budget Development Planning and Administration Use Only

Approved: ☐ Yes ☐ No Date of Payment Voucher _____

Amount of Reimbursement: \$ _____